
Connecting M&E to Impact Evaluation



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GHANA WATER ACCESS SANITATION AND HYGIENE (WASH) FOR HEALTH PROJECT - OVERVIEW

- ❑ 8 Communities – Wassa Amenfi District – Western Region of Ghana
- ❑ 4 Communities (estimated pop. -1400) – Intensive Implementation (Treatment)
 - ❑ Behavior Change Communication (BCC) based on Community Led Total Sanitation (CLTS)
 - ❑ Improved Community Water Sources
 - ❑ Institutional Latrines
 - ❑ Encouragement of Household Latrines (through Sanitation Markets)
- ❑ 4 Communities (estimated pop. – 1400) – “Light” Implementation (Control)
 - ❑ BCC Only – Based on CLTS

Motivation for Evaluation

- Institutional interest in assessing effectiveness of approach and impact for potential scale-up to other areas
- Commitment to incorporate M&E and evaluation into all points of project life cycle

Linking M&E to Impact Evaluation – Project Design and Launch

- Baseline survey conducted to provide data both for program monitoring and impact evaluation
 - Knowledge of sanitation practices and ways to prevent water-borne diseases
 - Status of access to water source and latrines

- M&E Plan included indicators for monitoring purposes during project and to provide context for impact evaluation
 - Communities declared as having Open Defecation Free Status

Linking M&E to Impact Evaluation – Use of Monitoring Data

- ❑ Reporting on number of latrines constructed in households – key input to area of study in impact evaluation
- ❑ Monitoring data suggested potential strong demand
- ❑ Evaluation showed a 30% increase in latrine installation in treatment group (6% increase in control group, which received encouragement to install latrines as part of the BCC component)

Linking M&E to Impact Evaluation – Adapting to Program Change

- ❑ Monitoring data combined with field reports also shaped evaluation
- ❑ At project start, prevalence of diarrhea in children under 5 envisioned to be key variable
- ❑ By end of program, available information suggested that latrine take-up and sanitation-related behavior were important potential areas for investigation; change in disease prevalence, not as clear
- ❑ Diarrhea – not much change; other variables, substantial change

Linking M&E to Impact Evaluation

– Adapting to Program Change

- Endline Survey – added a set of additional questions related to sanitation behavior at community and household level
 - Management of stagnant water and waste
 - Appropriate defecation practices
 - Hand-washing practices
 - Disposal of children's feces
 - Management of household water source

Evaluation Results and Context

- ❑ 9 % reported increase in improved hand-washing techniques (aligned with field reports on perceived success of BCC/ CLTS)
- ❑ 30% increase in installed latrines (corresponded with assessed demand from sanitation markets)
- ❑ No positive change (slight reported increase) in diarrhea prevalence (not a surprise based on where field was noticing results)

What We Would Have Done Differently If We'd Had the Guidance Note!

- ❑ More monitoring indicators to support the evaluation (particularly around change in behavior and reception to BCC campaign and sanitation markets), and to shape it
- ❑ 1-2 focus group exercises during the project
- ❑ Mid-term review with impact evaluation in mind

Thank you!



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